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Social media campaigns like #MeToo are used to challenge rape myth acceptance (RMA). However, there is little research on whether these campaigns reduce RMA or if they are distressing for women, especially sexual trauma survivors. This study seeks to understand how the #MeToo movement and backlash against it (#HimToo) affect survivors' and controls' RMA and distress. We randomly assigned college women (N=389) to one of three social media conditions that either promoted RMA (#HimToo), challenged RMA (#MeToo), or did not address rape myths (General Social Media (GSM)). We predicted a significant interaction between condition and survivor status, such that survivors would have greater distress than controls, especially in the #HimToo condition. We also expected a main effect of condition on RMA, such that RMA would be highest in the #HimToo condition. Our hypotheses were partially supported—we found that condition predicted RMA in the expected direction. We also found that controls reported higher RMA and less distress than survivors. Additionally, we found that women in the #MeToo and GSM conditions reported significantly lower distress following social media exposure, but distress did not change from pre to post assessment in the #HimToo condition. Results highlight that the way we talk about rape has implications for momentary distress and RMA. Future work should examine longitudinal effects of #MeToo exposure on long-term distress and RMA.

SOCIAL MEDIA'S IMPACT ON RAPE MYTH ACCEPTANCE AND DISTRESS IN WOMEN

by

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CHAPTER I

INTRODUCTION

The United States (U.S.) Department of Health and Human Services defines sexual assault as "any type of sexual activity or contact that you do not consent to" (Office on Women's Health, 2019). Sexual trauma is a major issue in the U.S., especially among college undergraduates: about 1 in 5 female undergraduates have experienced an attempted or completed sexual assault (Krebs et al., 2007). Research indicates that one in four girls and one in six boys are sexually abused before they turn 18 years old, and approximately one in five women and one in sixteen men are sexually assaulted while in college (Finkelhor, 1990; Krebs et al., 2007). Sexual trauma is associated with many negative health outcomes such as increased risk-taking behavior (e.g., substance use; sexual risk taking; Davis et al., 2002; Long & Ullman, 2016), self-blame (Johnson & Lynch, 2013), poor emotion regulation strategies (Messman-Moore et al., 2010) and posttraumatic stress symptoms (Liu et al., 2017; Oddone Paolucci et al., 2001; Walsh et al., 2014).

Rape Myth Acceptance

Lonsway and Fitzgerald (1994, p. 1) define rape myths as "attitudes and generally false beliefs about rape that are widely and persistently held," by both men and women, "that serve to deny and justify…sexual aggression against women." Examples of rape myths are ideas such as "women who dress provocatively are asking to be raped," or

"women who visit men at night are expecting to have sex." Rape myth acceptance (RMA) is a common issue in the U.S. (Barnett et al., 2017; Hust et al., 2013). Studies show that RMA is not only a problem among men; women also endorse RMA (Barnett et al., 2017; Hust et al., 2013). Rape myths are worthy of further study, as they are culturally engrained stereotypes about rape that are used to justify sexual trauma. Theoretically, RMA could be a key factor in the distress that survivors of sexual assault face by promoting self-blame for their trauma. Due to the prevalence of RMA, survivors of sexual assault might be afraid to speak up out of fear of not being believed or being blamed. In fact, research indicates that rape is the most underreported crime in America, with the majority of sexual assaults (63%) never being reported to the police (Rennison, 2002).

Social Media and the #MeToo and #HimToo Movements

Social media is a powerful tool that can be used either to promote or to fight rape culture (Moody-Ramirez & Lewis, 2015; Mendes, 2015; PettyJohn et al., 2018; Sills et al., 2016; Zaleski et al., 2016), as seen in the #MeToo and #HimToo movements. The #MeToo movement is a social media campaign created by Tarana Burke aimed at raising awareness of sexual trauma by encouraging survivors to speak up in solidarity about their past sexually traumatic experiences. The movement could theoretically decrease RMA by increasing consumer exposure to sexual assault stories from a survivor's perspective. In backlash to the #MeToo movement, the #HimToo movement was also created (Ellis, 2018). This movement is a symbol of the Men's Rights Movement and it casts men accused of sexual assault as victims by highlighting instances of false rape allegations

(Ellis, 2018). Both the #HimToo and #MeToo movements are controversial, and there is a lack of research on how either movement influences survivors of sexual assault.

Additionally, limited research has examined how the #MeToo movement impacts RMA. One cross-sectional study looked at potential mediators that influenced the relationship between gender and acceptance of the #MeToo movement (Kunst et al., 2018). The study surveyed men and women from Norway, $n = 206$; 46.6% men, and the U.S., $n = 227$; 50.8% men, and found that men from both countries were more likely than women to express fewer positive views towards the #MeToo movement. Specifically, men were more likely to believe that the #MeToo movement does more harm than good and these gender differences were best accounted for by ideological factors. Notably, the study demonstrated that the ideological factors of RMA, Norway: $\beta = .06, p < .004$; US: $\beta = .05, p < .006$, hostile sexism, Norway: $\beta = .16, p < .001$; US: $\beta = .13, p < .001$, and feminist identity, Norway: $\beta = .05, p < .011$; US: $\beta = .03, p < .012$, were all significant independent mediators in the relationship between gender and the outcome of believing that the #MeToo movement does more harm than good. This study highlights that ideological factors like RMA can influence how individuals perceive social media campaigns like the #MeToo and #HimToo movement.

Another study examined social media and the #MeToo movement by analyzing how men and women use Reddit and Twitter to talk about the #MeToo movement and share their own stories of sexual assault (Manikonda et al., 2018). The study demonstrated that following the #MeToo movement, users of Reddit primarily use the MeToo hashtag to post discussions about sexual assault in families and workplaces while

users on Twitter use the hashtag to show empathy for survivors and encourage people to continue the #MeToo movement. This study demonstrates the utility of the #MeToo movement on social media to raise awareness of sexual violence and encourage survivors of sexual trauma.

Qualitative studies have also researched reactions to the #MeToo movement (PettyJohn et al., 2018; Stubbs-Richardson et al., 2018). For example, a study by Stubbs-Richardson et al. (2018) examined 603 tweets about sexual assault and found victim blaming to be a prominent theme in the tweets. In addition, the study also found that tweets that victim-blamed were more likely to be retweeted than tweets that supported the survivor. Additionally, PettyJohn et al. (2018) examined social media tweets of #HowIWillChange, a social media campaign, launched in response to the #MeToo movement, aimed at engaging men as allies in the discussion of sexual violence. This study demonstrated that there were many themes in the twitter responses to #HowIWillChange, such as the utility of reflecting on one's role in toxic masculinity and the importance of listening to women's experiences with sexual assault. Additionally, there were also themes of backlash against #HowIWillChange, that map on well to the principles of the #HimToo movement, such as themes related to the idea that men are overall being treated unfairly in the current discussion of sexual assault. PettyJohn and colleagues' (2008) study gives insight into how men are reacting to the #MeToo movement. More research is needed to see if there are a significant number of women exposed to social media who also endorse attitudes that are accepting of rape myths or align well with the #HimToo movement.

Rape Myth Acceptance and Traditional Media

Increased exposure to the media can impact levels of RMA (Aubrey et al., 2011; Dill et al., 2008; Galdi et al., 2014; Hust et al., 2013; Kahlor & Eastin, 2011). For example, exposure to sexually objectified women from television, advertisements, sports programming, music videos, and video games have been found to be related to greater RMA in men and women (Aubrey et al., 2011; Dill et al., 2008; Galdi et al., 2014; Hust et al., 2013; Kahlor & Eastin, 2011). This demonstrates that RMA could be reinforced in the media that we are exposed to (Kahlor & Eastin, 2011). RMA via media exposure is important because it is associated with increased objectification of women (Seabrook et al., 2018) and victim blaming (Stubbs-Richardson et al., 2018; Zaleski et al., 2016).

Media Framing of Sex Crimes and RMA

Research demonstrates that media portrayals of sex crimes often place more emphasis on the role of the victim rather than the perpetrator, by using rape myths such as "she's lying about being assaulted" (Franiuk et al., 2008). Theoretically, this is problematic because it could increase victim blaming mentalities by making it the responsibility of a victim rather than the perpetrator to prevent sexual assault. For example, a study by Franiuk et al. (2008) of 62 undergraduate students (18 male, 44 female) exposed participants to news stories about Kobe Bryant's rape case that either blamed him or blamed the alleged victim. The study found that the way the article framed the rape predicted who the participant blamed for the encounter. Findings showed that after reading the article that blamed the alleged victim, participants were more likely to believe that Bryant was not guilty, $t(25) = -3.48$, $p < .01$, and to think that the alleged

victim was lying, $t(57) = 2.25$, $p < .05$. However, participants who read the article that blamed Bryant were more likely to believe the alleged victim, $t(29) = 3.10$, $p < .01$. This article shows that the way the media portrays sex crimes can influence consumer attributions of responsibility.

The media, when used in a positive way, can also be a tool to combat RMA. One study found that the media can be used to reduce RMA in undergraduates (Bowman et al., 2018). Students who watched a socially conscious music video about sexual violence, as opposed to only hearing the lyrics of the song, reported immediate reduced RMA, measured via the updated IRMA scale. The conditions differed in that the audio only condition played a song talking about how you can never fully empathize with someone's struggle until you experience it yourself, however the lyrics did not explicitly talk about sexual violence. Whereas, the music video condition had the same audio, but also a video showing clips of different people's experiences with sexual victimization. Bowman and colleagues' study highlights that the way the media portrays stories of sexual violence can impact RMA in consumers. With the advent of the #MeToo and #HimToo movement, it is even more important to understand how social media campaigns influence RMA in our culture.

Media's Impact on Distress in Trauma Survivors

There is a dearth of research on how sex crimes portrayed in the media can be retraumatizing or distressing for sexual trauma survivors. However, limited research has shown that media portrayals of sex crimes can be distressing for individuals indirectly exposed to sexual trauma. For example, a study of 39 parents of children who were

sexually abused at a day care center, found that increased exposure to media coverage about the sexual abuse of their children was associated with increased distress (Dyb et al., 2003). In addition, although there are no known studies on how sex crimes portrayed in the media affect distress for sexual assault survivors specifically, research has shown that media depictions of trauma can be distressing for survivors of other kinds of traumatic events. Studies show that increased exposure to media coverage of terrorist attacks, wars, or natural disasters is related to increased distress among survivors of trauma (Hilton, 1997; Holman et al., 2014; Kristensen et al., 2016; Silver et al., 2013), and can lead to lasting negative impacts on their mental health. For example, a study by Silver et al, 2013 examined the psychological and physical health impacts of exposure to 9/11 terrorists' attacks. A US national sample of 2189 participants completed internet surveys evaluating media exposure and acute stress symptoms 1 to 3 weeks after 9/11. Participants were also assessed for posttraumatic stress symptoms related to 9/11 media exposure annually for 3 years. Findings revealed that, after adjusting for pre 9/11 mental health, watching 9/11 related television news was associated with posttraumatic stress symptoms at 2 and 3 years after 9/11. Specifically, watching 9/11 media for over 4 hours a day, for the first seven days after 9/11, predicted posttraumatic stress after two year and three years, β = .29, 95% CI [.17, .62], $p < .001$.

In addition, Holman and colleagues found that increased exposure (six or more daily hours) to bombing related media after the Boston Marathon bombings was associated with higher symptoms of acute stress compared to direct exposure to the actual Boston marathon bombing (N = 4675; 449 participants were directly exposed to the

Boston Marathon; Holman, Garfin, & Silver, 2014). Specifically, after adjusting for pre-bombing mental health, prior stress, and demographics, six or more daily hours of bombing related media exposure one week after the Boston Marathon bombing was related to greater acute stress than direct exposure to the bombing, media exposure effect: $\beta = 15.85$, 95% CI [13.42, 18.28], $p < .0001$; direct exposure effect: $\beta = 6.17$, 95% CI [3.09, 9.25], $p < .0001$, demonstrating that media exposure to traumatic reminders can negatively impact trauma survivors.

The research highlighted above demonstrates how detrimental and triggering trauma-related media coverage can be for individuals who see reminders of their own personal trauma in the media. Therefore, in the context of the #MeToo era, it is important to understand how the recent surge in the media coverage on sexual assault impacts survivors of sexual trauma. Additional research is needed to understand how media portrayals of sex crimes affect distress levels in survivors of direct sexual assault specifically.

Goals and Hypotheses

The #MeToo movement was developed to empower survivors of sexual assault and decrease RMA. However, it is unknown if this movement is effective in decreasing RMA, and whether it fosters feelings of distress for survivors because of trauma reminders present in the media. Given the popularity of the #MeToo and #HimToo movements, it is important to understand how these campaigns impact RMA and distress in women. No studies have looked at survivor status (e.g., sexual trauma survivor vs.

unexposed to sexual trauma) differences in distress and RMA after exposure to sex crime related media.

The current study seeks to understand how the #MeToo movement and backlash against it (#HimToo movement) affect survivor and control participants' levels of distress and RMA. This experiment has three conditions using fake Facebook newsfeeds. One condition, the #MeToo condition, exposes participants to ten GSM social media posts mimicking Facebook and four survivor supportive media posts that frame a sexual assault encounter in a way that blames the perpetrator. All posts will appear in a random order for the participant. The second condition, the #HimToo condition, will have ten GSM social media posts and four posts that frames a sexual assault portrayal in a way that blames the survivor. The third condition will be a GSM condition that has 10 posts identical to the other condition and four additional posts on non-controversial topics.

Specifically, this study investigates how survivor-supportive (#MeToo) and survivor-blaming (#HimToo) social media posts influence RMA and distress in female college students. I am also interested in examining the effects of survivor status on whether participants endorse rape myths or experience significant distress related to the exposure condition.

This study has the following hypotheses concerning RMA and distress:

1. Rape Myth Acceptance

   There will be a significant main effect of condition on RMA, such that RMA will be highest in the #HimToo condition, second highest in the GSM condition, and lowest in the #MeToo condition.

2. Distress

    a. I predict a significant main effect of condition on distress, such that distress will be highest in the #HimToo condition, followed by the #MeToo condition, followed by the GSM condition.

    b. Lastly, I predict that there will be an interaction effect between condition and survivor status, such that survivors will have more distress than controls, but with #HimToo showing the largest group difference in distress, #MeToo showing a smaller group difference in distress, and GSM showing no group difference in distress

CHAPTER II

METHOD

Participant Characteristics

Full sample characteristics are presented in Table 1. Initially we had a total of 671 participants. However, individuals who identified as male (n = 168) or nonbinary (n = 8) were dropped from analyses. In addition, 1 woman was dropped for not answering questions about sexual assault history (survivor status). Of the 494 remaining women in our sample, 105 participants were dropped for failing condition attention checks, by not correctly identifying whether they were in the #MeToo or #HimToo exposure condition (no condition attention checks were used for the general social media condition), and/or for not getting correct at least 69% of the 13 total general attention checks in our study. We therefore had a final sample of 389 women (23.9% sexual trauma survivors, Mage = 20.95; SD = 5.07), of which 53.7% identified as White, 31.7% as Black, 6.7% as Asian, 16.4% as Latinx or Hispanic, and 7.2% as other. Individuals were allowed to select more than one race or ethnicity.

We ran a series of tests to examine any baseline differences as a function of condition or survivor status. An ANOVA was run to see whether condition was related to age, baseline affect, baseline RMA, survivor status, and PTSD symptom severity. Condition was unrelated to age, $F(1,346) = 2.236$, $p = .136$, baseline negative affect, $F(1,288) = 2.27$, $p = .132$, baseline positive affect $F(1,388) = .206$, $p = .649$, baseline

RMA, $F(1,134) = .00$, $p = .997$, survivor status, $F(1,388) = .022$, $p = .882$ and PTSD symptom severity, $F(1,302) = .806$, $p = .37$. Lastly, a chi square analysis was run to see how race was related to condition and indicated that there was no relationship between race and condition, $X^2(4, N=381) = 5.784$, $p = .216$. Secondly, an ANOVA was run to see how survivor status was related to age, baseline affect, baseline RMA and PTSD symptom severity. Survivor status was unrelated to baseline positive affect, $F(1,388) = .879$, $p = .349$, baseline RMA , $F(1,134) = 2.02$, $p = .158$, and condition. Survivor status was predictive of age, $F(1,345) = 4.52$, $p = .034$, such that survivors were older than controls. In addition, survivor status was predictive of PTSD symptom severity, $F(1, 302) = 20.84$, $p < .001$, which was in the direction of survivors having greater PTSD symptoms. Survivor status was also related to baseline negative affect, $F(1,388)=11.05$, $p = .001$, which was in the direction of survivors having greater baseline negative affect than non survivors. Lastly, a chi square analysis was run to see how race was related to survivor status and indicated that there was no significant relationship between race and survivor status, (X^2 $(2, N=381), = 2.183$, $p = .336$. for our sample.

Procedures

Participants were recruited from both a university sample and a community college sample. A subset of the university sample was recruited using a mass screening survey that was sent out to the psychology subject pool at the beginning of the Fall 2019 and Spring 2020 academic semesters. These participants were emailed after their completion of the mass screening with a password to complete our follow up survey for course credit. This sample that was recruited though the mass screening was used to

gather baseline measures of RMA before exposure to the Facebook conditions. The remaining participants recruited from the university sample and the community college sample were recruited through their respective psychology subject pools and were also compensated with course credit. Individuals from the community college sample did not take the mass screening because it was not offered at their college. Additionally, other individuals from the university sample who missed the opportunity to take the mass screening were later recruited into our study anyway to increase sample size. Individuals who identified as male or nonbinary gender were excluded from analyses and no participants under the age of 18 were allowed to complete the survey. Lastly, participants who did not pass at least 69% of our reliability checks, that were sprinkled throughout the survey (e.g., select 7 for this question if you are paying attention), *and* participants who failed to correctly identify that they were in the #MeToo or #HimToo condition were excluded from the analyses. Individuals in the GSM condition were not required to correctly identify what condition they are were in.

Self-report Measures

Lifetime Sexual Victimization

To assess for lifetime sexual victimization, we used the sexual trauma section of the Trauma History Screen (THS; Carlson et al., 2011) that screens for childhood and adult sexual trauma. The Trauma History Screen is a self-report measure for gathering information concerning a participant's lifetime exposure to traumatic events. Respondents were asked to indicate whether an event occurred and to mark the number of times that the event happened. The two items that we used for our study are "Forced or

made to have sexual contact- as a child" and "Forced or made to have sexual contact- as an adult." Participants who marked yes to either question were coded as being a survivor of sexual trauma. The THS has been shown to have good reliability and validity in past research (Carlson et al., 2011).

Updated Illinois Rape Myth Acceptance Scale

The Updated Illinois RMA Scale (IRMA; McMahon & Farmer, 2011) is the most widely used measure of RMA. This scale is comprised of 18 items that assess for RMA. Participants answered on a 5 point Likert scale (ranging from 1 = strongly disagree to 5 = strongly agree) and higher scores indicate greater rejection of RMA. Sample items from this scale include, "when girls get raped, it's often because the way they said 'no' was unclear" and "if a girl doesn't physically fight back, you can't really say it was rape." The alpha reliability for this measure in this study was strong. In this study, the baseline Cronbach alpha was 0.93, and the follow up alpha was 0.92.

Positive and Negative Affect Schedule (PANAS)

The PANAS (Watson et al., 1988) consists of one 10-item positive and one 10-item negative affect scale and was used to measure feelings of *momentary* affect in our sample. Participants answered on a 5 point Likert scale (ranging from 1 = very slightly or not at all to 5 = extremely); higher scores indicate either greater positive affect or greater negative affect. Item means were used in analyses instead of total scores, to increase interpretability of results. The PANAS has been shown to demonstrate good construct validity and reliability in past studies (e.g., Merz et al., 2013). For the Positive Affect Scale, the Cronbach alpha coefficient generally varies from 0.86 to 0.90 and for the

Negative Affect Scale, the Cronbach alpha coefficient generally varies from 0.84 to 0.87 (Watson et al., 1988). For this sample, the Cronbach alpha for positive affect at baseline was 0.90 and 0.93 at follow up, and for negative affect it was 0.89 at baseline and 0.90 at follow up.

PTSD Checklist for DSM-5 (PCL-5)

The PCL-5 consists of 22 items that measure the DSM-5 20 symptoms of PTSD and two dissociative symptoms (Weathers et al., 2013). This measure uses a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely) to assess the severity of PTSD symptoms. Past research has shown that the PCL-5 possesses good psychometric properties (Blevins et al., 2015).

Design

Participants answered pretest measures from the mass screening to assess their preexisting RMA and to see if they had been exposed to sexual trauma. For the university sample, female participants who completed the mass screening were emailed about the opportunity to complete our survey for course credit. In addition, women from the community college sample and women who missed the mass screening from the university sample still had the option of completing our survey for course credit. If participants chose to do our study for course credit, they were given the demographic questionnaires and the PANAS to measure their baseline levels of distress. Afterwards, they were randomly exposed to one of three Facebook newsfeed conditions. Using Qualtrics stratification tools, we ensured that each condition had roughly the same proportion of survivor and control participants. The Facebook newsfeed conditions

exposed participants to general social media stimuli and sexual assault survivor supportive stimuli (#MeToo) or perpetrator supportive stimuli (#HimToo).

Participants were asked to review the Facebook posts as if they were posts on their own Facebook newsfeed. After being exposed to the Facebook posts in the #MeToo and #HimToo condition, participants were given a 1 item quiz asking them what hashtag they saw in this newsfeed to see how well they paid attention to the exposure. In addition, 13 attention checks were also sprinkled throughout the total survey. Participants who did not answer at least 9 (69%) or more of the attention checks correctly *and* failed the one item quiz were removed from analyses. In total, 46 of the 494 female participants did not pass the 1 item quiz, 86 failed to pass over 69% of the attention checks, and 27 people failed *both* the quiz and the attention checks. In total, 105 people were dropped from the analyses for having failed either the attention checks, the quiz, or both. Therefore, our final sample consisted of 389 women.

All conditions had the same ten GSM stimuli posts, but the #MeToo and #HimToo conditions had four additional posts related to their movement respectively, and the GSM condition had four additional GSM posts (see Appendix for the full text of each of the posts). The first condition (GSM) had fourteen posts that featured imaginary Facebook friends making GSM posts. The second condition (#MeToo) had ten GSM posts. In addition, there was four posts about a sexual assault encounter that frames the event in a way that blames the alleged perpetrator. The third condition (#HimToo) had the same ten GSM posts from condition 2. In addition, there were four posts about the same sexual assault encounters that were discussed in the #MeToo condition, except

these posts framed the discussion in a way that blames the victim. The #MeToo and #HimToo stories were as identical as possible, in that they had the same setting and similar details. The only thing that changed from the #MeToo to #HimToo condition is the attribution of responsibility placed on the sexual assault victim or perpetrator. The #MeToo and #HimToo posts were told from both a male and female perspective to control for the effects of the gender of the poster on the participant's distress and RMA, so that gender was not a confound with condition. All participants were randomly assigned to one of the three conditions. All posts were less than 400 words to ensure brevity and lessen the chances that participants skim the majority of the exposure. Following this exposure, participants were immediately assessed for their post exposure distress levels and then their RMA with self-report measures.

Proposed Analyses

Based on a G*power analysis of having a 95% chance of detecting an effect as low as .1 for the repeated measures interaction of survivor status by condition by time (measured as baseline and post measures of distress) we needed to recruit 156 people. We chose to do a power analysis on the interaction effect because it would take more people to detect an interaction effect than it would to detect a main effect. However, we planned to overrecruit and end up with a total of at least 300 people for the study before exclusions, in case participants fail reliability checks and need to be dropped from analyses.

Analyses were conducted in IBM SPSS Statistics 25. To minimize the chances of false positives, we set our alpha significance level to .05.

To test hypothesis 1, we planned a linear contrast to examine the effect of condition on post-exposure RMA. For the linear contrast, the #HimToo condition was coded as -1, the GSM as 0, and the #MeToo as 1, to model theoretical incremental increases in the rejection of RMA as a function of condition. We conducted this contrast without covarying for pre-existing RMA, so that we can have an increased sample size, and thus more power to detect condition effects. We planned to follow up a significant contrast with Tukey's t-tests to examine which of the three conditions differed significantly from each other.

We also ran an exploratory analysis using a one way ANOVA to examine the effect of survivor status and any possible interaction between survivor status and condition on RMA. Given the mixed findings in the literature concerning RMA and survivor status, we did not have an a priori hypothesis for this model. For this model, the factors were the (1) the Facebook condition that the participant was exposed to (2) the survivor status of the participant (survivor, non-exposed control) and (3) the interaction of survivor status by condition.

We also conducted a repeated measures ANOVA model for a subset of the sample for whom we had mass screening data, providing a measure of baseline RMA. We modeled changes in RMA from baseline (mass screening) to post-test. Between-subjects factors in this model were (1) the Facebook condition that the participant was exposed to (GSM, #MeToo, or #HimToo), (2) the survivor status of the participant (survivor, non-exposed control) and (3) the interaction of survivor status by condition.

To test hypotheses 2a and 2b, we conducted a repeated measures ANOVA to model change in distress from baseline to post-test. Between-subjects factors in the model were (1) the Facebook condition that the participant was exposed to (GSM, #MeToo, or #HimToo) (2) the survivor status of the participant (survivor, non-exposed control) and (3) the interaction of survivor status by condition. We planned to run separate models for PA and for NA. Follow up Tukey's t-tests were used to follow-up any significant main effect of Facebook conditions on mean distress.

CHAPTER III

RESULTS

Rape Myth Acceptance

Hypothesis 1. We examined the effects of condition on RMA using a linear contrast (#MeToo=1, GSM=0, #HimToo=-1) and found that the planned contrast was significant, $F(1,388) = 6.17$, $p = .013$; #MeToo $M = 90.2$, $SE = 1.2$; GSM $M = 89.7$, SE 1.4; #HimToo $M = 86.1$, SE=1.4, which was in the direction of the least amount of RMA being in the #MeToo condition, followed by the GSM, followed by the #HimToo condition (note that higher IRMA scores indicate lower RMA). Post hoc Tukey tests showed that the #HimToo condition reported significantly more acceptance of RMA than the #MeToo condition, $p = .03$, but the GSM condition was not statistically different from either the #MeToo, $p = .87$, or the #HimToo, $p = .13$, conditions.

In addition, in an exploratory analysis using a one-way ANOVA we also found that survivor status was significantly associated with RMA after controlling for the effects of condition, and the interaction between condition and survivor status, survivor $M = 90.9$, $SE = 1.4$; Control $M = 86.5$, $SE = 0.8$; $F(1,383) = 7.97$, $p < .01$, and this was in the direction of survivors of sexual trauma endorsing greater rejection of RMA than controls.

Lastly, for a subsample in which data was available (n= 135), a repeated measures ANOVA was used to examine associations between survivor status, condition, and

changes in RMA from mass screening to after the social media condition. At the bivariate level, the baseline measure of RMA was highly correlated with the follow up assessment of RMA, $r(135) = .90$, $p < .001$. Contrary to our initial hypotheses, condition and survivor status were not significantly related to RMA after controlling for pre-existing RMA. Full results for this analysis are presented in Table 3.

Distress

Hypotheses 2a and 2b. We examined changes in distress (baseline and post levels of positive or negative affect) using a repeated measures ANOVA. Contrary to our hypotheses, the repeated measures ANOVA for positive affect revealed no significant effects except a main effect of time, Time 1 $M = 28.5$, $SE = 0.5$; Time 2 $M = 26.0$, $SE = 0.6$, $F(1,383) = 64.79$, $p < .001$, which was in the direction of positive affect reducing after the social media exposures.

For the outcome of negative affect, significant main effects emerged for survivor status, Control $M = 16.2$, $SE = 0.4$; Survivor $M = 19.3$, $SE = 0.7$), $F(1, 383) = 14.7$; $p<.001$, and time, Time 1 $M = 18.3$, $SE = 0.4$; Time 2 $M = 17.3$, $SE = .4$, $F(1,383) = 11.48$, $p = .001$. Specifically, survivors reported more NA on average throughout the experimental session, and participants on average reported a significant reduction in negative affect from pre- to post-social media exposure. The main effect of time was qualified by a significant interaction between time and condition, $F(2,383) = 4.7$, $p = .01$. Follow up paired samples t tests revealed that negative affect significantly decreased from pre- to post-exposure in the #MeToo, $t(138) = 2.64$; $p = .01$, and GSM conditions, $t(124) = 5.71$; $p < .001$. However, individuals in the #HimToo condition did not

experience a significant change in negative affect following the social media exposure. The interaction between time and survivor status was non-significant, however, the three way interaction between time, condition, and survivor status was marginally significant, $F(2,383) = 2.436$, $p = .089$. Follow up paired samples t tests revealed that there was a general trend of negative affect reducing from pre- to post-exposure in all groups except for survivors in the #HimToo condition. Specifically, among controls, negative affect reduced in the #HimToo, $t(97) = 1.962$; $p = .053$, #MeToo, $t(100) = 1.826$; $p = .071$, and GSM condition, $t(96) = 5.394$ $p < .001$. Among survivors, negative affect reduced in the #MeToo, $t(37) = 2.089$; $p = .04$, and GSM, $t(27) = 1.681$; $p = .104$, condition but not in the #HimToo condition, $t(26) = -1.048$; $p = .304$. Indeed, the means of survivors in the #HimToo condition, Time 1 $M = 16.7$, $SE = 1.3$; Time 2 $M = 18.1$, $SE = 1.6$, were in the opposite direction from the rest of the sample.

CHAPTER IV

DISCUSSION

This study examined how survivor-supportive (#MeToo) and survivor-blaming (#HimToo) social media posts influence RMA and distress in female college students. Additionally, this study sought to understand whether sexual assault survivors found the social media exposures to be more distressing than controls, and if this relationship was more pronounced in the #HimToo and #MeToo conditions compared to a GSM condition that did not discuss sexual assault. For hypothesis 1, we predicated that there would be a significant main effect of condition on RMA, such that RMA will be highest in the #HimToo condition, second highest in the GSM condition, and lowest in the #MeToo condition. The linear contrast found a significant effect of condition on RMA in the predicted direction. Results showed that individuals in the #HimToo condition and #MeToo condition had significantly different levels of RMA from each other but not the GSM, with the #HimToo condition having higher RMA in comparison to the #MeToo condition. Findings suggest that the #MeToo and #HimToo conditions had a differential impact on RMA. Overall, our finding that individuals in the #HimToo condition had less rejection of rape myths is in agreement with some past experimental design and cross-sectional research that shows that the media can have a strong impact on RMA (Aubrey et al., 2011; Bowman et al., 2018; Dill et al., 2008; Franiuk et al., 2008; Galdi et al.,

2014; Hust et al., 2013; Kahlor & Eastin, 2011). For example, cross-sectional studies have found that exposure to traditional forms of media that sexually objectified women (i.e., soap operas, sports media) was associated with greater RMA (Kahlor & Eastin, 2011; Hust et al., 2013); whereas exposure to media that frames rape as the fault of the perpetrator, as opposed to the victim (e.g., sampled crime shows as seen in the Kahlor & Eastin, 2011 study) is associated with reduced RMA (Kahlor & Eastin, 2011). Our results add to the compelling evidence that emphasize how rape myths, when presented in the media, can influence people to blame survivors for their sexual assault encounters. Results suggest that even short exposures to rape myths in social media can subtly influence RMA. Theoretically, the #HimToo condition was likely related to higher RMA because of the rape myths it endorsed and its focus on false rape allegations.

For hypothesis 2a, we predicted that post measures of distress would change from baseline, with the biggest increase in distress being found in the #HimToo condition, a smaller increase in distress being seen in the #MeToo condition, and with no changes in distress being seen in the GSM condition. While we did find effects of condition predicting distress, we found it in an unexpected direction, therefore this hypothesis was unsupported. Results revealed that individuals in the #MeToo and GSM condition felt better (reduced negative affect) after looking at the social media exposures, however there were no significant change in negative affect within the #HimToo condition. This demonstrates that the way that rape was discussed in the #MeToo and #HimToo conditions had differential effects on how women felt afterwards. To the best of our knowledge, no other study has examined how the #MeToo versus the #HimToo

movement, or survivor supportive as opposed to survivor blaming media, is related to momentary affect among individuals. However, other research has found that media portrayals of sex crimes can be distressing to individuals (Dyb et al., 2003). For example, Dyb and colleagues (2003) found that the amount of distress parents of children, who were sexually abused in daycare centers, had was positively associated with how much news coverage they watched about their child's abuse. A limitation of the Dyb et al., 2003 study was that it was cross-sectional in nature, therefore no causal claims can be made. However, several other studies also suggest that watching trauma related media is positively associated with distress in traumatized populations (Hilton, 1997; Holman et al., 2014; Kristensen et al., 2016; Silver et al., 2013). Trauma related media might cause distress for some individuals due to triggering past reminders of their own trauma. Overall, our findings appear to converge with past literature in that we also found media exposure to be related to distress. In addition, our results add to the existing literature by demonstrating that the way media presents traumatic events matter and can have differential impact on an individual's momentary affect. Even though the #MeToo condition had gruesome details about rape encounters, participants on average felt better after the exposure, showing that perhaps past researchers' findings that media related to trauma is distressing could be limited to media that does not seek to make trauma survivors feel more encouraged and empowered. A related interesting finding in our study is the fact that the #HimToo condition had no impact on distress. This may have been the case because the aim of the #HimToo condition was to raise awareness of false rape accusations while also subtly endorsing rape myths (e.g., she is obviously lying and

wanted it, otherwise she would not have worn that outfit) which might be less distressing overall than other trauma media coverage referred to in past research (e.g., watching hours of media related to the Boston marathon bombing (Holman et al., 2014), particularly if the participant was truly convinced by the #HimToo exposure that the accuser of rape was lying, therefore believing that no traumatic event had actually occurred.

For hypothesis 2b, we predicted that there would be an interaction effect between condition and survivor status, such that survivors would have more distress than controls, but with #HimToo showing the largest group difference in distress, #MeToo showing a smaller group difference in distress, and GSM showing no group difference in distress. Contrary to this hypothesis, we did not find that there was a significant interaction between condition and survivor status on distress, $p = .09$. This interaction was merely trending towards significance and follow up *t* tests revealed that survivors and controls had reductions in distress in the GSM and #MeToo condition, but only controls had reductions in distress in the #HimToo condition. However, survivors in the #HimToo condition on average had higher levels of post negative affect compared to baseline. This reveals that the #HimToo condition had a differential effect on survivors than the rest of the sample, by marginally increasing the likelihood that they will feel distress post exposure. Findings converge with past research that has found that media portrayals of trauma can be particularly triggering for trauma survivors (Hilton, 1997; Holman et al., 2014; Kristensen et al., 2016; Silver et al., 2013). Our study extends on past literature however by suggesting that when sex crimes are presented in a way that is used to uplift

or empower victims (e.g., #MeToo condition) survivors may not be as likely to feel triggered and may even experience improved affect. Nevertheless, the reality that we did not find a significant interaction effect could have been due to many factors. For one, it could be the case that given that the interaction was trending towards significance, p = .09, we may have seen this effect, albeit likely a small one, if we had more survivors in our sample. Future work should replicate this study to provide greater understanding about whether there are interaction effects at play between condition and survivor status predicting distress in other samples that have an increased number of survivors or in non-college samples.

Even though we did not find a significant interaction effect, we did find significant main effects of both condition (discussed earlier) and survivor status on distress, such that survivors on average had higher levels of distress than control participants. This is consistent with past research showing individuals exposed to sexual trauma are at a greater risk for having disorders related to negative mood states such as PTSD (DiMauro et al., 2018; Khadr et al., 2018) and depression (DiMauro et al., 2016; Khadr et al., 2018).

Although we did not have any specific predictions about survivor status and RMA, in exploratory analyses we did find that survivors of sexual trauma were more likely to reject follow up measures of rape myths, regardless of what condition they were in. However, survivors of sexual trauma were not significantly more likely to reject rape myths at baseline, this could possibly be due to reduced power at baseline. Moreover, the means for survivors on baseline RMA were still in the direction of survivors having

greater rejection of RMA than controls, Baseline Survivor $M = 92.3$, $SE = 1.8$; Baseline Control $M = 88.3$, $SE = 1.5$; Follow up Survivor $M = 91.10$, $SE = 1.03$; Control $M = 86.49$, $SE = .80$. Overall, our study suggests that college female sexual assault survivors are more likely than women unexposed to sexual assault to reject rape myths than other college females. Theoretically, college female survivors may be more likely to reject rape myths after experiencing it firsthand because that experience might have helped them be better equipped to understand that rape is never the victim's fault.

Past studies have had mixed results concerning whether RMA is related to survivor status. Although the slight majority of past research has found RMA to be unrelated to survivor status (Camody & Washington, 2001; Dworkin et al., 2017; Kahlor & Eastin, 2011), some studies have found survivor status to be positively associated with RMA (Hayes et al,, 2013; Hammond et al., 2017) whereas others have found it to be negatively associated (Vonderhaar & Carmody, 2015; Baugher, et. al., 2010).

We may have had different outcomes from studies that found null effects for several reasons. For one, some past studies have used other measures of RMA (e.g., Camrody & Washington, 2001), or sampled vastly different populations (e.g., Dworkin et al., 2017 used adolescents; Khalor & Eastin, 2011 used a sample of mixed gender adults with a mean age of 42). Given that past studies have found RMA to be related to gender (Kunst et al., 2018) and age (Bhattacharya & Gupta, 2017; Kassing et al., 2005) it is also plausible to assume that there are demographic effects that might account for why our study did not replicate the null effects between survivor status and RMA as seen in past research.

In contrast, other research has found that RMA is higher among trauma survivors. For example, Hayes and colleagues (2013) found that trauma history was associated with greater endorsement of RMA. However, they evaluated trauma history by asking if you have been exposed to any form of a personal crime and did not specifically ask if you were sexually assaulted. Additionally, Hammond et al., 2017 also found that sexual trauma history was associated with greater endorsement of RMA, however this sample was all male and past studies show that men often endorse differential, often higher, levels of RMA (Bowman et. al, 2013; Kunst, et. al, 2018).

Nevertheless, our study findings converged with two other studies in the literature, (Vonderhaar & Carmody, 2015; Baugher et. al., 2010), both of which also used samples of mixed gender college students. Given that the majority of the studies examining college students found survivor status to be negatively predictive of RMA, our findings overall converge with past research on college students, providing evidence to suggest that female college survivors of sexual trauma are more likely than individuals without a sexual trauma history to reject rape myths. More research is needed to understand if there are any potential moderators explaining this relationship and to determine how generalizable this finding is to non-college samples.

Limitations

There are several limitations present in this study. For one, the experimental procedures employed to capture the effects of the #MeToo and #HimToo campaigns were hypothetical scenarios and cannot completely account for all facets of these real world campaigns. In addition, we were only able to examine how the #MeToo and #HimToo

stories were associated with immediate RMA or distress, however future work should look at the long-term effects of these movements on attitudes about rape myths and the mental health states of sexual assault survivors.

Additionally, although we did not find interaction effects between survivor status and condition on distress, we may have been underpowered, given that only a small fraction of our sample were sexual trauma survivors and the interaction for our current sample was trending towards significance (p = .09). Results are also limited in the fact that we had a convenience sample of college women, therefore, we cannot make generalizations about how social media campaigns related to rape affect women from all ages or non-college samples. Lastly, given that our GSM condition was associated with reduced negative affect, and many of the exposures in the GSM condition had positive stories (e.g., a story about how a young girl who passed out drunk was safely returned home by a male friend who called her an uber as opposed to the story in the #MeToo condition about a girl being raped while drunk), we cannot say that we had a true neutral condition in which to compare the #HimToo and #MeToo exposures.

Conclusions

This study has many strengths and important contributions to the literature. For one, this is the first study to use an experimental design to examine how the #MeToo movement and backlash against it (#HimToo) differentially affects survivors and women unexposed to sexual trauma on measures of RMA and distress. This is an important area of study given the widespread popularity and influence of the #MeToo movement, and a lack of research on how it could affect sexual assault survivor's distress levels and

attitudes about RMA. In addition, this study provides valuable insight on the effects of the #MeToo and #HimToo movement on a diverse sample of college women (46.3% minority), which is particularly useful because most of the literature on RMA in college students features primarily White samples (e.g., Baugher et al., 2010; Mason et al., 2004; Vonderhaar & Carmody, 2015).

In summary, we found that individuals in the #HimToo condition and #MeToo condition had significantly different levels of RMA from each other but not the GSM, with the #HimToo condition having higher RMA in comparison to the #MeToo condition. Overall, results imply that the way the media discusses who is at fault for an alleged sexual assault encounter can have a subtle influence on RMA. We also found that controls had higher RMA and less distress than sexual assault survivors. Additionally, we found that women in the #MeToo and GSM condition had significant reductions in distress, but women in the #HimToo condition experienced no changes in distress from baseline to follow up measure. The reality that the #MeToo and GSM condition had improvement in distress in comparison to the #HimToo condition, which had no changes in distress at all, is useful for helping researchers understand the effects of media portrayals of sex crimes on the momentary mood states of women. Findings can also be used to assuage concerns that the #MeToo movement may will be retriggering for survivors. Future work should examine how cultural background can influence how one perceives the #MeToo and #HimToo movement and whether there are any longitudinal effects of these movements on long-term distress or RMA.

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APPENDIX A

TABLES AND FIGURES

Table 1. Participant Characteristics

	Survivor of Sexual Trauma(M/SD)(N=93)			**Control** (M/SD) (N=296)			**Full Sample** (N=389)
	#MeToo (N=38)	**#HimToo (N=27)**	**GSM (N=28)**	**#Me Too (N=101)**	**#HimToo (N=98)**	**GSM (N=97)**	**All Conditions**
Race							
White	56.8%	61.5%	60.7%	50.5%	53.8%	51.6%	53.7%
Black	37.8%	26.9%	35.7%	37.6%	24.2%	31.2%	31.7%
Other	5.4%	11.6%	3.6%	11.9%	22%	17.2%	14.6%
Age	22.88/5.40	20.80/3.07	21.89/4.95	20.03/2.69	20.41/5.31	21.40/6.66	20.95/5.07
Positive Affect	2.86/.89	2.77/.831	2.76/1.01	2.86/.92	2.89/.91	2.96/.87	2.89/.90
Negative Affect	2.14/.86	1.67/.692	2.07/.89	1.72/.68	1.65/.63	1.84/.80	1.76/.73
Pre-RMA (N=135)	92.54/10.80	92.20/10.10	91.91/12.41	86.50/19.05	89.12/12.04	89.14/13.21	89.29/14.03
PTSD	29.44/15.59	22.19/14.59	36.79/19.70	20.89/15.71	20.61/18.12	17.75/17.19	22.67/17.69

Note. Positive affect= baseline levels of distress (measured by positive affect scales on the PANAS); Negative affect= baseline levels of distress (measured by negative affect scales on the PANAS); survivor of sexual trauma or control = whether a participant identified as a sexual assault survivor or not on the THS; condition = if participant was in the #MeToo, #HimToo or GSM condition; PreRMA= baseline level of RMA taken at mass screening; PTSD=mean PCL-5 score. Other = individuals who did not identify as black, white, or mixed with black and white; Individuals were allowed to identify as both black and white

Table 2. Repeated Measures ANOVA for Effect of Survivor Status and Condition on Pre and Post Measures of Negative Affect and Positive Affect

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Outcome: Positive Affect					
Time	8.819	1	8.819	64.791	0.000
Time * Survivor	.143	1	.143	1.050	0.306
Time * Condition	.326	2	.163	1.199	0.303
Time * Survivor * Condition	25.189	2	12.594	0.925	0.397
Error(time)	5212.987	383	13.611		
Tests of Between-Subjects Effects					
Intercept	4132.954	1	4132.954	2418.430	0.000
Survivor	2.739	1	2.739	1.603	0.206
Condition	.828	2	.414	0.242	0.785
Survivor * Condition	1.114	2	.557	0.326	0.722
Error	654.524	383	1.709		
Outcome: Negative Affect					
Time	1.326	1	1.326	10.950	0.001
Time * Survivor	.309	1	.309	2.553	0.111
Time * Condition	1.069	2	.535	4.414	0.013
Time * Survivor * Condition	.593	2	.297	2.449	0.088
Error(time)	46.395	383	.121		
Test of Between Subject Effects					
Intercept	1758.364	1	1758.364	1918.903	0.000
Survivor	13.630	1	13.63	14.875	0.000
Condition	3.725	2	1.862	2.033	0.132
Survivor * Condition	2.086	2	1.043	1.138	0.321
Error	350.957	383	.916		

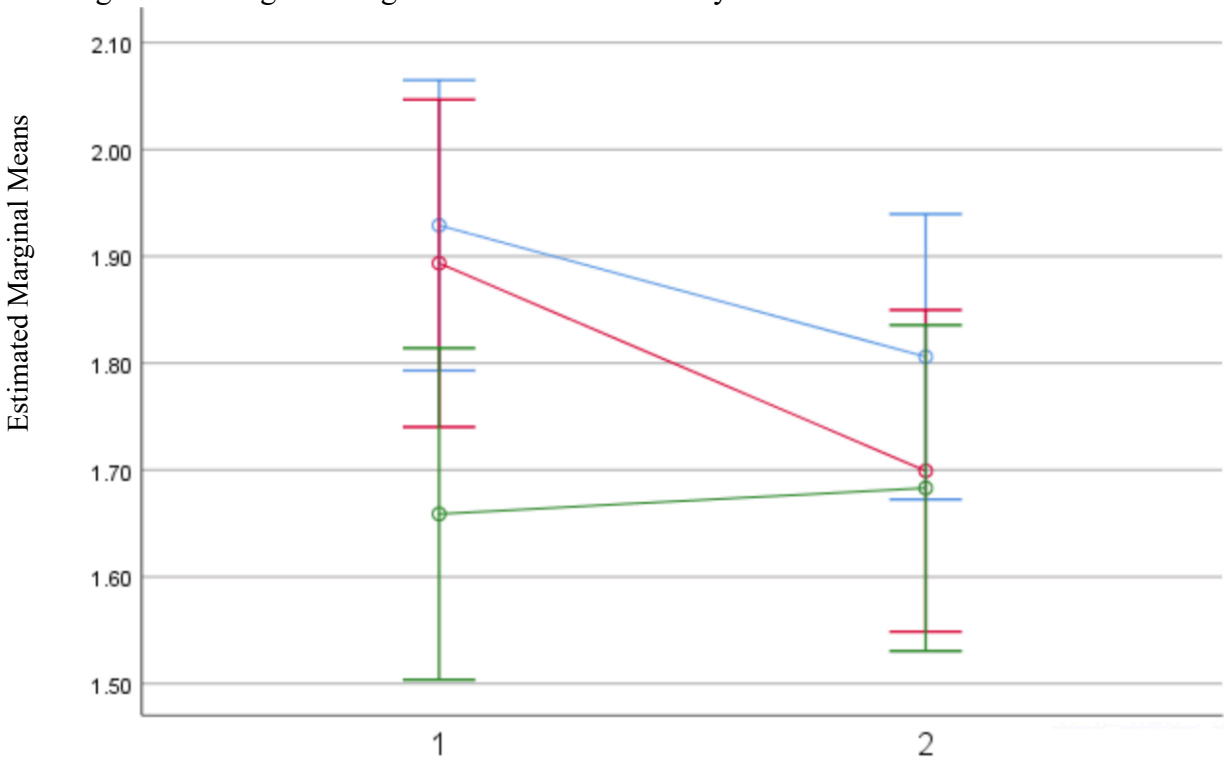
Note. Time = baseline levels of distress (measured by negative and positive affect scales on the PANAS) and post levels of distress; survivor status = whether a participant identified as a sexual assault survivor or not on the THS; condition = if participant was in the #MeToo, #HimToo or GSM condition

Table 3. Associations between RMA, Condition and Survivor Status

Dependent Variable: Post Measure of RMA					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	2570.645[a]	5	514.129	3.078	0.010
Intercept	2186002.246	1	2186002.246	13087.304	0.000
Survivor	1330.980	1	1330.980	7.968	0.005
Condition	936.432	2	468.216	2.803	0.062
Survivor * Condition	44.582	2	22.291	0.133	0.875
Error	63973.365	383	167.032		
Total	3051041.000	389			
Corrected Total	66544.010	388			
Repeated Measures ANOVA for RMA					
Time	3.793	1	3.793	0.208	0.649
Time * Survivor	4.129	1	4.129	0.226	0.635
Time * Condition	79.507	2	39.753	2.180	0.117
Time * Survivor * Condition	23.167	2	11.583	0.635	0.531
Error(Time)	2352.166	129	18.234		
Tests of Between-Subjects Effects					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	1646838.350	1	1646838.350	4746.554	0.000
Survivor	681.255	1	681.255	1.964	0.164
Condition	99.581	2	49.791	0.144	0.866
Survivor * Condition	188.161	2	94.081	0.271	0.763
Error	44757.135	129	346.955		

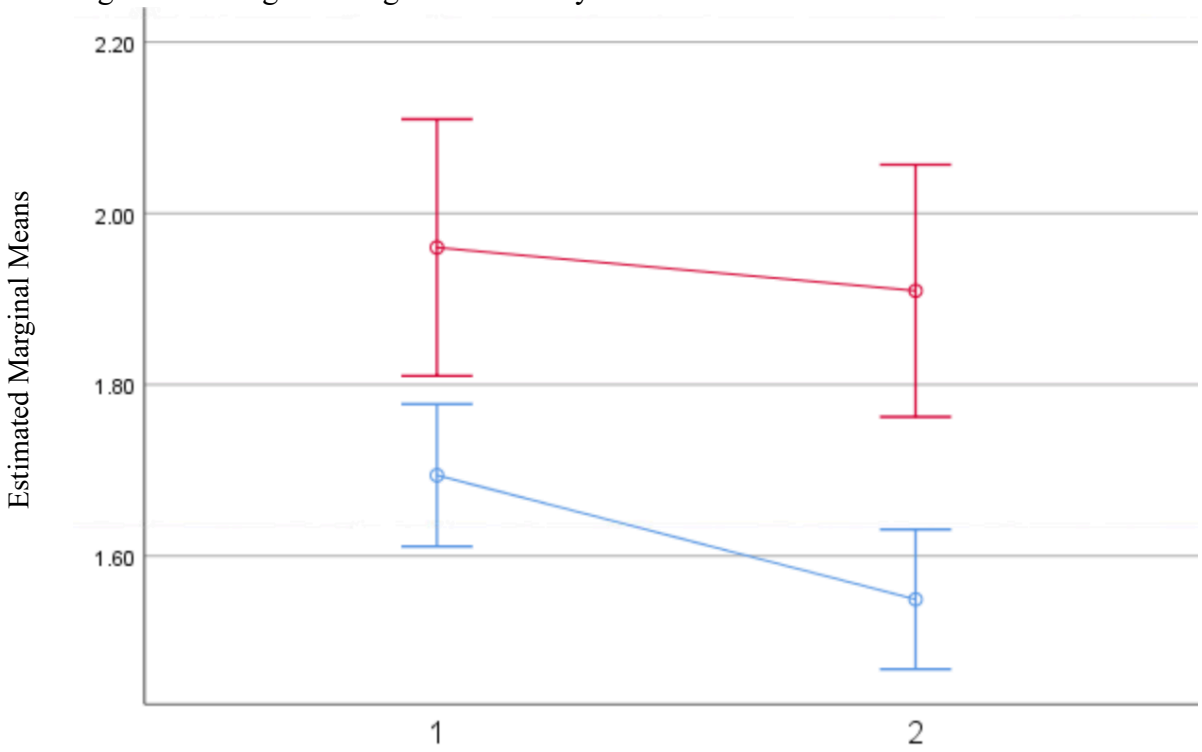
Note. Time = baseline levels of IRMA total score at mass screening and after social media exposures; survivor status = whether a participant identified as a sexual assault survivor or not on the THS; condition = if participant was in the MeToo, #HimToo or GSM condition

Figure 1. Changes in Negative Affect over Time by Condition.



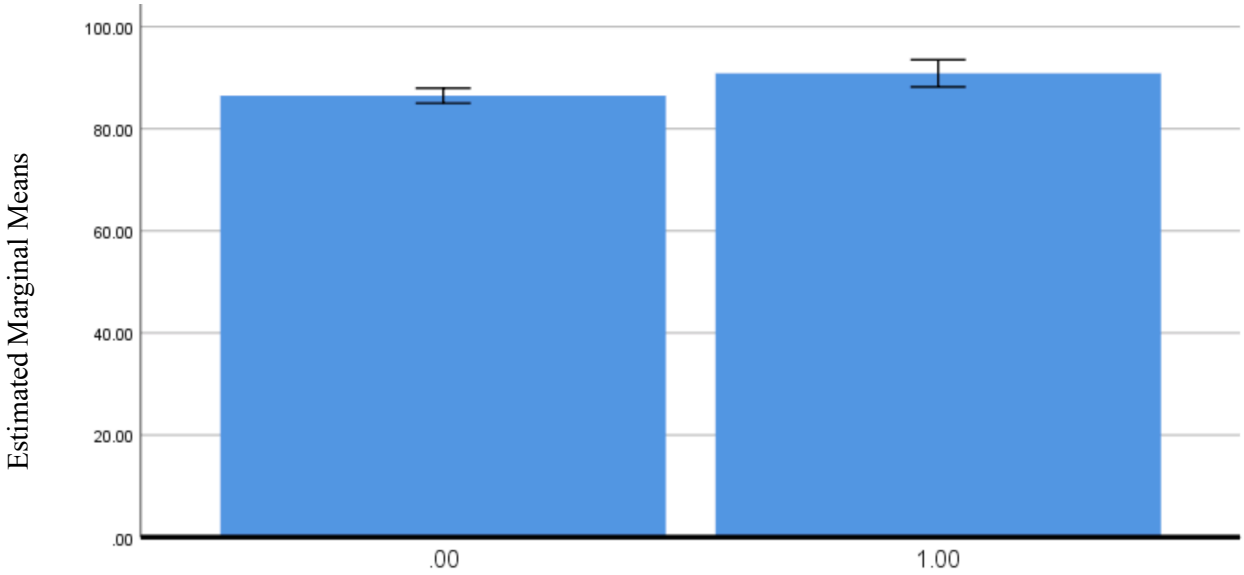
Note. 1 = baseline measure of negative affect; 2 = post measure of negative affect; Blue = #MeToo; Red = GSM; Green = #HimToo; Error bars for 95% CI

Figure 2. Changes in Negative Affect by Survivor Status



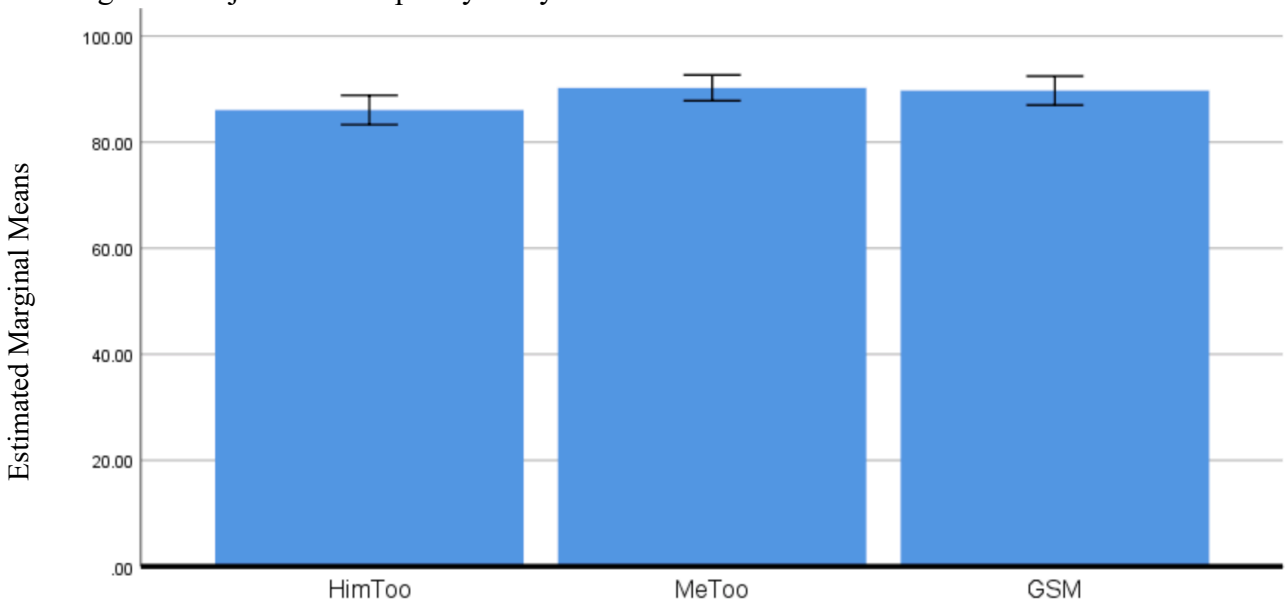
Note. 1 = baseline measure of negative affect; 2 = post measure of negative affect; Blue=control; Red = sexual trauma survivor; Error bars for 95% CI

Figure 3. Rejection of Rape Myths by Survivor Status



Note. 0=control; 1 = sexual trauma survivor; Error bars for 95% CI

Figure 4. Rejection of Rape Myths by Condition



Note. Error bars for 95% CI

APPENDIX B

Facebook Exposures

#MeToo and #HimToo Stories:

Please review the following Facebook posts. Pretend that you are scrolling through your own newsfeed and these are posts are from your own family and friends. Please try to pay as close attention as possible to these posts. After reviewing the posts, you will be administered a brief quiz that covers the content of the materials. These posts can be distressing for some individuals, and will include topics such as health concerns, crimes (e.g., sexual assault and burglary) and relationship satisfaction. If you find these posts to be overwhelming, you can choose to stop reviewing them anytime with no penalty. Thank you for your participation.

Story 1

MeToo

1. Female: This is why the MeToo movement matters so much! Women have been oppressed for too long by the patriarchy. A few years back I was raped by an older man I met at a party. I was still a teenager and I didn't realize the punch they were serving was spiked, so I drank too much. I don't even remember much of that night. I completely blacked out and I only remember waking up in a strange older man's bed. It was my first time, I had so much pain between my legs and I felt nauseous. I also had so much shame. I was completely frightened, and I had no idea where I was. I accused him of rape and he started yelling at me and kicked me out. He told me that no one would believe me; that's why I never reported him or told anyone until now. But I just don't see how anyone could think it's okay to sleep with an underage girl who is that drunk. Seeing what our world is turning into is truly frightening. No woman is truly safe anymore. Be careful out there women. #MeToo

GSM

2. A few years back, I went to a party. It was so much fun because I met so many new people. I learned how to play beer pong and I danced all night to the latest hits. This party is where I met my best friend. We instantly clicked, and we chatted for the longest time. We talked about our favorite TV shows, sports teams, and recipes. We also drank so much that the end of the night was a bit fuzzy for me. I had never drunk that much before. My new friend was the kindest. He was afraid of me driving myself home, so he called me an Uber. Somehow, I woke up safe and sound at my place not even remembering how I got there. I checked my phone and saw a text from him. I thanked him for ensuring that I got home safe and I venmoed him to return his payment for the Uber. It's really great being able

to meet new people who turn out to be such kind and considerate friends. So happy I met my bestie at that party 3 years ago. We've been best friends ever since. Happy Birthday Bestie!

HimToo

3. Male: This is why the HimToo movement matters so much! Men have been oppressed for too long by feminism. A few years back, a young girl I met at a party falsely accused me of rape. We were both drunk and she came onto me, so I took her home and slept with her. When she woke up in the morning she accused me of rape. It was completely unfair. She came onto me, I remember that much. We were both pretty wasted, but she consented to sex. In fact, it was her idea! She came to that party with a short skirt and she was hitting on practically every guy she saw. She obviously wanted this and was seeking some sort of male attention. She knew that she was lying and that no one would believe her, that's why she never reported me or told anyone. I just don't see how anyone could think it's okay to accuse a man of rape when they both have been drinking. Seeing what our world is turning into is truly frightening. No man is truly safe anymore. Be careful out there men. #HimToo

Story 2

MeToo

4. Father: My daughter was raped this past weekend. A trauma like this tears a family apart like nothing else. As her parent I wish I could protect her from these things. My daughter met a young man online. She liked him a lot and decided to meet him in person. She felt pressured to have sex and eventually agreed, but because of the intense pain she begged him to stop soon after. He refused. He said that since she agreed to have sex with him, it was consensual. She kept crying and begging him to stop, but he still didn't stop. It doesn't matter at what point a woman chooses to withdraw her consent. I am for women's rights and I respect the MeToo movement – women deserve to control their own bodies. My daughter does not deserve this. I have never seen her so afraid and frightened. I hope that with time women will not have to live in so much fear. It's such a dangerous time for them in this country. I love you Abigail. #MeToo

GSM

5. My son had his first track meet this past weekend. He was incredibly nervous, and he spent a lot of time preparing for that day. He's been watching what he eats and started the keto diet. He's also been working out a lot. It's crazy to see how much he has grown up. He's taller than me now and I'm not used to it. He's also made a ton of new friends on his track team. They hang out on the weekends and I met their parents. They seem to be like good kids. My son seems so much happier

these days. He has so much more confidence now that he is getting in shape. I think running track has been really good for him. He feels like he is a part of a team, and I can tell that it all means a lot to him. I hope that through this new sport and brotherhood that he is building, the rest of his high school career will be more pleasant and enjoyable. He deserves the best. I love you Aaron.

Him Too

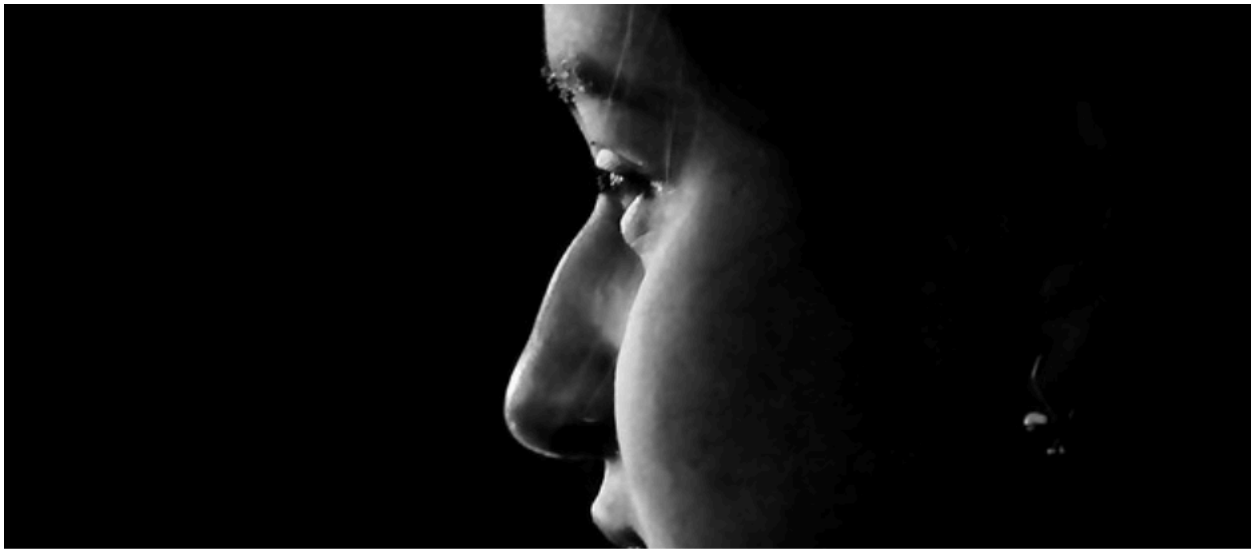
6. Mother: My son was accused of rape this past weekend. A trauma like this tears a family apart like nothing else. As his parent I wish I could protect him from these things. My son met a young woman online. She liked him a lot and decided to meet him in person. The woman agreed to have sex with him, and now she is saying that he took it too far and it wasn't consensual. I am for women's rights and I respect the MeToo movement, but sometimes the movement just goes too far. I'm just saying that we need more evidence before we send someone to jail for rape. This girl met my son in a scantily clad outfit and AGREED to meet at his apartment at night. What exactly was she expecting to happen? Every negative experience we have with men is not abuse. My son does not deserve this. I have never seen him so afraid and frightened. I hope that with time men will not have to live in so much fear. It's such a dangerous time for them in this country. I love you Aaron. #HimToo

GSM stories—will only appear in GSM condition

1. I just finished my first year of college! I had no idea it would be that difficult and challenging. It has been an amazing adventure so far and I have met so many cool people and made great friends. I'm still trying to figure what I want to do career wise, but I feel like I'm on the right path. I came in here planning to do premed, but now I am considering majoring in culinary arts. I am deeply passionate about cooking and after joining a cooking club on campus and meeting like-minded people, I am sure that this is the direction that I would like to take my life. College has been so much fun. Moving to a new town has been really nice and I am thankful for my family for their support. I am growing up finally and I am excited to see what life will have to offer.

2. Planning my sister's baby shower has not been an easy task. If any of you have any recommendations for restaurants that can cater please let me know. Also, I am looking for a good bakery to make the cake. We don't have the dates set in stone yet, but we are aiming for late July. I really hope that all of our family and friends can make it. It's such an honor to be able to plan this for her. The colors for the baby shower theme will be pink and blue. At the end of it we will do a gender reveal. We are also planning on having a bunch of games to play. For

those family and friends who can't make it please private message me, and I can send you a link to their registry. We really appreciate all the support. Looking forward to welcoming the newest addition to the Johnson family.



College Student Accuses Professor of Sexual Harassment #MeToo

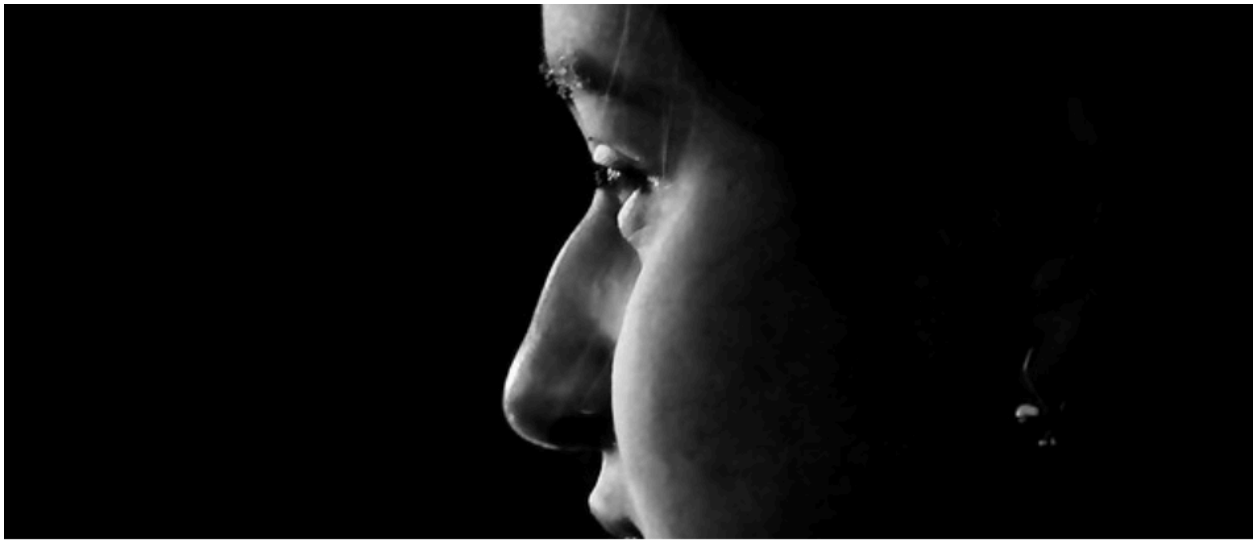
Student's claim that professor failed her after refusing his sexual advances has been corroborated.

CBS-NEWS.US

College Student Accuses Professor of Plagiarism

Student's claim that professor plagiarized his latest publication is being investigated.

CBS-NEWS.US



College Student Falsely Accuses Professor of Sexual Harassment #HimToo

Student's claim that professor failed her after refusing his sexual advances has been disproven.

CBS-NEWS.US

Man Accused of Burglary is Set Free

Man is set free early due to good behavior. He only spent 1.5 years in prison for burglary.

TONIGHTAT11.TV

Man Accused of Rape is Set Free

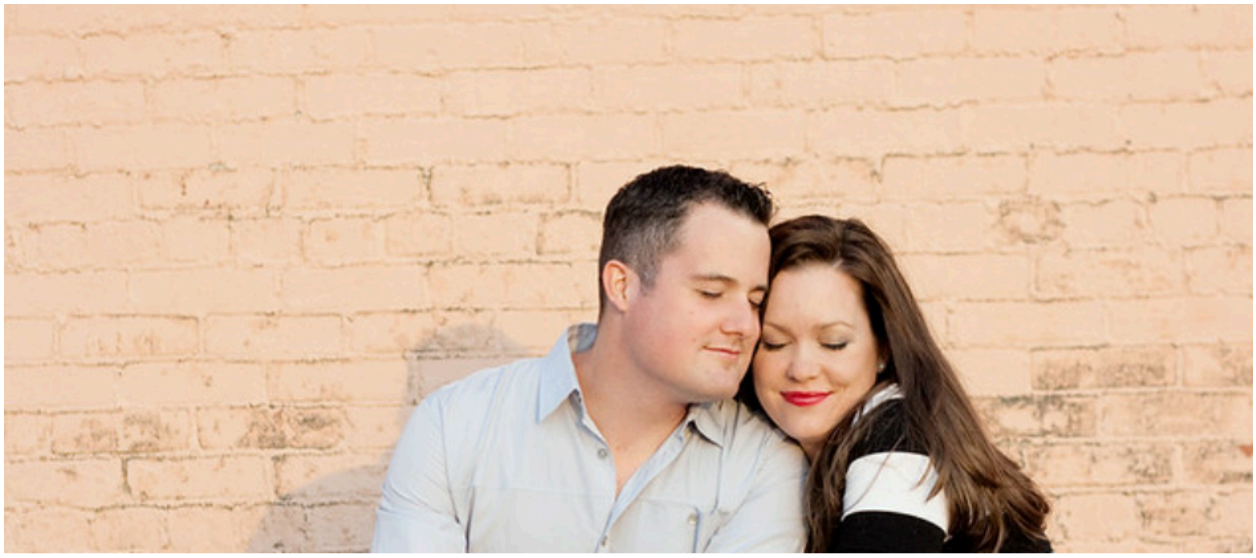
Man is set free early due to good behavior. He only spent 1.5 years in prison after raping his daughter.

TONIGHTAT11.TV

Man Accused of Rape is Set Free

Man is set free early due to new DNA evidence. He spent 1.5 years in prison after his daughter falsely accused him of rape.

TONIGHTAT11.TV



10 Relationship Tips to Improve your Marriage

Experts are sitting down with us tonight to reveal their secrets to lifelong marital satisfaction.

TONIGHTAT11.TV

Local Town Bakery Wins State Competition

Small town bakery "Good Eats" has championed its way through state competition and come out on top.

TONIGHTAT11.TV

New Retro Arcade is a Hit

Greenetown's new arcade 'Hi-Score' features game cabinets from the retro age of video games, as well as new games, and instantly a favorite among old and new fans alike.

TONIGHTAT11.TV

Sugar Can Hurt Your Memory

New research study shows eating too much sugar can negatively impact your memory

CBS-NEWS.US

10 Exercises To Burn Belly Fat

Try these new exercises to get your body bikini ready and burn that stubborn belly fat.

TONIGHTAT11.TV

Excess Corn in the Diet can Cause Diabetes

New science has linked corn consumption with diabetes.

TONIGHTAT11.TV